

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7720</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>VINCENT J. LAZZARO</u> P.O. Box, Bldg., Room No., if any Street <u>7051 Fly Rd.</u> City <u>E. SYRACUSE</u> State <u>N.Y.</u> ZIP Code + 4 <u>13057</u>	4. Name, file number, and address of labor organization. Name <u>Construction General Laborers 633</u> Labor Organization File Number <u>542-966</u> P.O. Box, Building and Room Number, if any Street <u>7051 Fly Rd.</u> City <u>Syracuse</u> State <u>New York</u> ZIP Code + 4 <u>13057</u>
5. Position in labor organization. <u>BUSINESS AGENT</u>	

Enter appropriate data below. If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*[Signature]*

On

8-12-05  
Date

(315)-471-1591  
Telephone Number

Name of Person Filing	Vincent J. LAZZARO	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Oppenheimer Capital</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>1345 Avenue America</u></p> <p>City <u>New York</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>130105</u></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Oneida County Laborers</u></p> <p><u>Pension, Health Welfare, Community Training</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>7051 Fry Rd</u></p> <p>City <u>E. Syracuse</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>13057</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Investment in oneida</u></p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p><u>Dividend for attending Trustee's</u> <u>and their providers</u> <u>8-10-04</u></p> <p>12.b. Amount.</p> <p><u>Unknown</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State</p> <p>ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <u>VINCENT J. LAZZARO</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <u>J.P. JEANNEAU ASSOCIATES INC.</u>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street <u>100 E. WASHINGTON ST.</u>  City <u>SYRACUSE</u>  State <u>NEW YORK</u> ZIP Code + 4 <u>13202</u>	9. Business deals with:  a. Labor Organization _____ <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name <u>Onondaga County Carbonate</u> <u>Pension - Health &amp; Welfare - Disability - Training</u> Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street <u>7051 Ely Rd.</u>  City <u>E. Syracuse</u>  State <u>NEW YORK</u> ZIP Code + 4 <u>13057</u>	11.a. Nature of such dealing. <u>investment management</u>  11.b. Approximate dollar value of such dealing. _____  12.a. Nature of interest held or income received. <u>position for attending Trustee's</u> <u>and their provisions 8-9-04</u>  12.b. Amount. <u>UNKNOWN</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	14.a. Nature of payment. _____  14.b. Amount of payment. _____
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing <u>VINCENT J. LAZZARO</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>QCI Investments</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <u>40A</u></p> <p>Street <u>Grove St.</u></p> <p>City <u>P. Hs Ford</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>14534</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Onondaga County Laborers Pension - Health &amp; Welfare Fund, Training</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>7051 Fly Rd</u></p> <p>City <u>E. Syracuse</u></p> <p>State <u>N.Y.</u> ZIP Code + 4 <u>13057</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Investment <del>with</del> as manager</u></p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p><u>Dividend for attending Trustees and their providers 8-8-04</u></p>
	<p>12.b. Amount. <u>unknown</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <u>VINCENT J. LAZZARO</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: Onondaga County Laborers  
Health, Welfare, Pension & Community  
Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street: 7051 Fly Rd.

City: E. SYRACUSE

State: N.Y. ZIP Code + 4: 13057

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street:

City:

State: ZIP Code + 4:

11.a. Nature of such dealing.

To provide health & Pension & Training  
for Participants of the Fund

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Attending Educational Conferences  
and Fund meetings  
(See Attached)

12.b. Amount: \$5,095.96

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street:

City:

State: ZIP Code + 4:

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

## 2004 EXPENSES

Name:	Date of Payment	Amount of Payment	Explanation of Expenditure
Vincent Lazzaro	1/22/2004	\$351.50	Airfare for IFEBP Educational Conference Feb 21-25, 2004 - Orlando, FL
Business Agent	2/12/2004	\$2,100.00	Lodging and Meal Expenses IFEBP Educational Conference Orlando, FL- Feb 21-24, 2004
	3/9/2004	(\$553.51)	Refund
	Subtotal:	\$1,897.99	
	8/30/2004	\$725.00	Registration NCCMP Conference Nov 29-Dec 1- 2004 Lake Buena Vista, FL
	6/16/2004	\$220.13	Airfare - NCCMP Conference Nov 27-Dec 1, 2004
	11/18/2004	\$1,750.00	Lodging and Meal Expenses NCCMP Conference Nov 27-Dec 1, 2004
	12/7/2004	(\$270.99)	Refund
	Subtotal:	\$2,424.14	
	3/16/2004	\$26.16	Board of Trustees Meeting Mar 2, 2004 Meals - Wyndham Hotel
	6/25/2004	\$26.60	Board of Trustees Meeting May 18, 2004 Meals - Wyndham Hotel
	9/1/2004	\$613.69	Board of Trustees Meeting Lodging & Meals - Riveredge Hotel August 8-11, 2004

# 2004 EXPENSES

Name:		Date of Payment		Amount of Payment		Explanation of Expenditure	
Vincent Lazzaro							
Business Agent		12/21/2004		\$29.18		Board of Trustees Meeting Nov 23, 2004	
						Meals - Wyndham Hotel	
		10/28/2004		\$47.94		Training Fund Supplies	
		12/16/2004		\$30.26		Luncheon for Office Fund Staff	
						and Board of Trustees	
		2004 Grand Total:		\$5,095.96		January 1 thru December 31, 2004	